

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

19181

Registrar's No.

108

ED JUN 10 1943

Registration District No.

324

Primary Registration District No.

3072

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(c) Name of hospital or institution: Fitzgibbon Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: 6 1/2 hrs (Specify whether
In this community 25 yrs years, months or days)

3. (a) PRINT FULL NAME CHARLES GREEN MAYFIELD

3. (b) If veteran,

name war.

3. (c) Social Security

No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Virginia Holder Mayfield 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased April - 3 - 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 18 If less than one day
hr. min.

9. Birthplace Sullivan Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad work + Farmer

11. Industry or business

12. Name Stephen Mayfield

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Percilla Bailey 9
(City, town, or county) (State or foreign country)

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Virginia Holder Mayfield

(b) Address Nelson Mo

17. (a) Burial (b) Date thereof 5-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nelson Mo

18. (a) Signature of funeral director Harry Hershberger

(b) Address Marshall Mo

19. (a) 5-24-43 (b) Mrs T.O. Westmark
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline 97
(c) City or town Nelson 9
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1943 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 21 1943 to May 22 1943
that I last saw him alive on May 21 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.

Lobar Pneumonia 48 hrs

Due to Ischemic Heart Disease 2 days

Due to Chronic Myocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence none
(c) Where did injury occur? none
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none

While at work? (Specify type of place) (e) Means of injury 0

23. Signature Robert M. Westmark (M. D. or other)
Address Marshall Mo Date signed 5/23/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer. No. 8,

District File Number

Date Filed 6-7-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Harry Herschberger, Registered Apprentice No. 334
working under my personal supervision.

Signed Fred Wilkinson
Licensed Embalmer No. 2478

P. O. Address Clinton Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.